## 10/541113

# JC06 Rec'd PCT/PTO 29 JUN 2005

#### **Application Data Sheet**

#### **Application Information**

Application Type:: Regular

Subject Matter:: Utility

Suggested Group Art Unit:: N/A

CD-ROM or CD-R?:: None

Sequence submission?:: None

Computer Readable Form (CRF)?:: No

Title:: ORGAN PRESERVATION, PROTECTION

AND RESUSCITATION WITH LOCAL

**ANESTHETIC** 

Attorney Docket Number:: 27611/39002A

Request for Early Publication?:: No

Request for Non-Publication?:: No

Total Drawing Sheets:: 2

Small Entity?:: Yes

Petition included?::

Secrecy Order in Parent Appl.?:: No

#### **Applicant Information**

Applicant Authority Type::

Inventor

**Primary Citizenship Country::** 

US

Status::

Full Capacity

Given Name::

\_Guy

Family Name::

Weinberg

Street of mailing address::

1737 West Polk Street (MC 672), Suite 310

Administrative Office Building

City of mailing address::

State or Province of mailing address::

IL

1/-

Postal or Zip Code of mailing address::

60612

Applicant Authority Type:: Inventor **Primary Citizenship Country::** US Status:: **Full Capacity** Given Name:: <u>William</u> Middle Name:: <u>E.</u> Family Name:: Hoffman Street of mailing address:: 1737 West Polk Street (MC 672), Suite 310 Administrative Office Building City of mailing address:: \_Chicago \ State or Province of mailing address:: IL Postal or Zip Code of mailing address:: 60612 Applicant Authority Type:: Inventor **Primary Citizenship Country::** US Status:: **Full Capacity** Given Name:: Richard Family Name:: \_Ripper Street of mailing address:: 1737 West Polk Street (MC 672), Suite 310 Administrative Office Building City of mailing address:: Chicago \ State or Province of mailing address:: TL IL Postal or Zip Code of mailing address:: 60612 Applicant Authority Type:: Inventor **Primary Citizenship Country::** US Status:: **Full Capacity** Given Name:: <u>Douglas</u> Family Name:: Feinstein Street of mailing address:: 1737 West Polk Street (MC 672), Suite 310 Administrative Office Building City of mailing address:: \_Chicago\

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State or Province of mailing address::

Postal or Zip Code of mailing address:: 60612

**Correspondence Information** 

Correspondence Customer Number::

04743

**Representative Information** 

Representative Customer Number::

04743

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US03/41605	12/31/03
PCT/US03/41605	An application claiming the benefit under 35 USC 119(e)	60/437,200	12/31/02

#### **Assignee Information**

Assignee name:: THE BOARD OF TRUSTEES OF THE

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Wright Street

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61801